

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

**1 ACCOUNT #**  
(Ethics Commission filers)  
00000004
**2 PAGE #**

1 of 14

**3 CANDIDATE /  
OFFICEHOLDER  
NAME**

MS / MRS / MR

Hon.

FIRST

Antoinette B

MI

NICKNAME

Toni

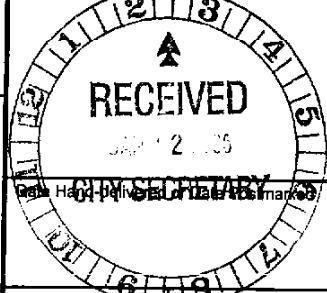
LAST

Lawrence

SUFFIX

**OFFICE USE ONLY**

Date Received



Receipt #

Amount

Date Processed

Date Imaged

**4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS**

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7047 Bent Branch Dr  
Houston, TX 77088☐ Change of Address**5 CAMPAIGN  
TREASURER  
NAME**

MS / MRS / MR

Mr.

FIRST

George D

MI

NICKNAME

LAST

Franklow

SUFFIX

Jr.

**6 CAMPAIGN  
TREASURER  
ADDRESS**  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2618 Sutton Ct  
Houston, TX 77027**7 CAMPAIGN  
TREASURER  
PHONE**

AREA CODE

PHONE NUMBER

EXTENSION

(713) 552-0838

**8 REPORT TYPE**☒

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign treasurer  
appointment (officeholder only)☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

**9 PERIOD  
COVERED**

Month

Day

Year

THROUGH

Month

Day

Year

10/29/2005

12/31/2005

**10 ELECTION**

ELECTION DATE

Month

Day

Year

11/06/2007

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

**11 OFFICE**

OFFICE HELD (if any)

Houston City Council Dist. A

**12 OFFICE SOUGHT (if known)****13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS**

... Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ...

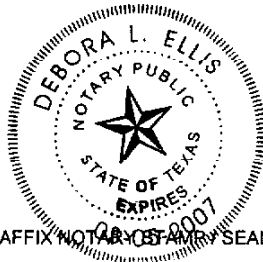
Name

Address/PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS****FORM C/OH  
COVER SHEET PG 2**

<b>14 C/OH NAME</b> Lawrence, Antoinette B (Hon.)		<b>15 ACCOUNT #</b> (Ethics Commission filers) 00000004	
<b>16 NOTICE FROM POLITICAL COMMITTEE(S)</b>	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..		
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>	
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>	
	<input type="checkbox"/> SPECIFIC	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	<input type="checkbox"/> additional pages	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	
<b>17 CONTRIBUTION TOTALS</b>	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,025.00
<b>EXPENDITURE TOTALS</b>	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 18,055.63
<b>CONTRIBUTION BALANCE</b>	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 123,791.48
<b>OUTSTANDING LOAN TOTALS</b>	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**18 AFFIDAVIT**

AFFIX NOTARY SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Antoinette Lawrence*  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Antoinette Lawrence this the 12<sup>th</sup> day of January, 2006, to certify which, witness my hand and seal of office.

*Debora L. Ellis*  
Signature of officer administering oath

Debora L. Ellis  
Print name of officer administering oath

Notary  
Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/4 Report: 3/14	
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  11/07/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Alexander, Leslie  6 Contributor address; City; State; Zip Code Boca Raton, FL 33432	7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Executive		10 Employer (See Instructions)	
Date  11/04/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Carter & Burgess PAC  Contributor address; City; State; Zip Code Houston, TX 77007	Amount of contribution (\$)  \$500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions)	
Date  11/23/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gross, Jenard  Contributor address; City; State; Zip Code Houston, TX 77056	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Developer/Investor		Employer (See Instructions)	
Date  10/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hays, John  Contributor address; City; State; Zip Code Houston, TX 77018	Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions)	
Date  11/22/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hou-Can PAC  Contributor address; City; State; Zip Code Houston, TX 77292-0843	Amount of contribution (\$)  \$1,000.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Political Action Committee	

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.				1 PAGE # Schedule: 2/4 Report: 4/14	
2 FILER NAME Lawrence, Antoinette B (Hon.)				3 ACCOUNT # (Ethics Commission filers) 00000004	
4 Date  11/04/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Houston 80-20 PAC  6 Contributor address; City; State; Zip Code Humble, TX 77396		7 Amount of contribution (\$)  \$1,000.00	8 In-kind contribution description (if applicable)	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions) Political Action Committee		
Date  11/08/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Hurricane Equipment Inc.  Contributor address; City; State; Zip Code Rusk, TX 75785		Amount of contribution (\$)  \$100.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Contractors			Employer (See Instructions)		
Date  10/29/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Kenyon, Bill  Contributor address; City; State; Zip Code Houston, TX 77018		Amount of contribution (\$)  \$250.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Executive			Employer (See Instructions)		
Date  11/03/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Lindsay, Christina  Contributor address; City; State; Zip Code Houston, TX 77008		Amount of contribution (\$)  \$6,000.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Engineer			Employer (See Instructions)		
Date  11/01/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nelson, Emmitt  Contributor address; City; State; Zip Code Houston, TX 77042		Amount of contribution (\$)  \$50.00	In-kind contribution description (if applicable)	
Principal occupation / Job title (See Instructions) Investor			Employer (See Instructions)		

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/4 Report: 5/14

2 FILER NAME Lawrence, Antoinette B (Hon.)

3 ACCOUNT # (Ethics Commission filers)

00000004

4 Date 5 Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
10/29/2005 PBS&J PAC

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

\$250.00

6 Contributor address; City; State; Zip Code  
Houston, TX 77077

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)  
Political Action Committee

Date Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
10/29/2005 Rash, Charles

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$250.00

Contributor address; City; State; Zip Code  
Houston, TX 77020

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
10/29/2005 Reliant Energy PAC

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$1,000.00

Contributor address; City; State; Zip Code  
Houston, TX 77001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
Political Action Committee

Date Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
11/01/2005 Rickman, Betty

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$25.00

Contributor address; City; State; Zip Code  
Houston, TX 77080

Principal occupation / Job title (See Instructions)  
Executive

Employer (See Instructions)

Date Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
11/04/2005 Van de Wiele, John

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$250.00

Contributor address; City; State; Zip Code  
Houston, TX 77046

Principal occupation / Job title (See Instructions)  
Executive

Employer (See Instructions)

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS****SCHEDULE A**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #

Schedule: 4/4 Report: 6/14

**2** FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)

00000004

**4** Date**5** Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Verma, Dr Arun

11/02/2005

**6** Contributor address; City; State; Zip Code

Houston, TX 77064

**7** Amount of  
contribution (\$)

\$750.00

**8** In-kind contribution  
description (if applicable)**9** Principal occupation / Job title (See Instructions)  
Physician**10** Employer (See Instructions)

Date

Full name of contributor ☒ out-of-state PAC(ID# C00119008)  
Waste Management PAC

12/06/2005

Contributor address; City; State; Zip Code

Houston, TX 77055

Amount of  
contribution (\$)

\$500.00

In-kind contribution  
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)  
Political Action Committee

Date

Full name of contributor ☐ out-of-state PAC(ID# \_\_\_\_\_)  
Welling, J. Frederick

10/29/2005

Contributor address; City; State; Zip Code

Houston, TX 77007

Amount of  
contribution (\$)

\$1,000.00

In-kind contribution  
description (if applicable)Principal occupation / Job title (See Instructions)  
Investor

Employer (See Instructions)

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** PAGE #  
Schedule: 1/5 Report: 7/14**2** FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)  
00000004**4** Date**5** Payee name  
Bison Signs**7** Amount  
(\$)

11/08/2005

**6** Payee address; City; State; Zip Code  
6205 W. 34th St.  
Ste. D  
Houston, TX 77092

\$1,382.82

**8** Purpose of payment (See instructions regarding type of  
information required.)  
Signs**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Blakemore & AssociatesAmount  
(\$)

11/01/2005

Payee address; City; State; Zip Code  
3405 Edloe St.  
Ste. 380  
Houston, TX 77027

\$2,000.00

Purpose of payment (See instructions regarding type of  
information required.)  
Consulting Fees**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Blakemore & AssociatesAmount  
(\$)

11/02/2005

Payee address; City; State; Zip Code  
3405 Edloe St.  
Ste. 380  
Houston, TX 77027

\$828.44

Purpose of payment (See instructions regarding type of  
information required.)  
Research**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name:Office sought:  
Office held:

Date

Payee name  
Blakemore & AssociatesAmount  
(\$)

12/01/2005

Payee address; City; State; Zip Code  
3405 Edloe St  
Ste 380  
Houston, TX 77027

\$250.00

Purpose of payment (See instructions regarding type of  
information required.)  
Consulting Fees**\*\* Complete if direct expenditure to benefit C/OH \*\***  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/5 Report: 8/14
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004
4 Date  11/10/2005	5 Payee name Goldston, Sarah  6 Payee address; City; State; Zip Code 2518 Nantucket Dr. Houston, TX 77057	7 Amount (\$)  \$100.00
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/01/2005	Payee name Hall, Darren  Payee address; City; State; Zip Code 223 Westheimer Houston, TX 77006	Amount (\$)  \$1,400.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/01/2005	Payee name Hall, Darren  Payee address; City; State; Zip Code 223 Westheimer Houston, TX 77006	Amount (\$)  \$1,200.00
Purpose of payment (See instructions regarding type of information required.) Contract Labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/08/2005	Payee name Home, Clint  Payee address; City; State; Zip Code 6611 Lindyann Houston, TX 77008	Amount (\$)  \$670.51
Purpose of payment (See instructions regarding type of information required.) Contract Labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/5 Report: 9/14
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004
4 Date  11/14/2005	5 Payee name Howard, Mike  6 Payee address; City; State; Zip Code 12607 Westleigh Houston, TX 77077	7 Amount (\$)  \$200.00
8 Purpose of payment (See instructions regarding type of information required.) Contract Labor		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/22/2005	Payee name Massas Restaurant  Payee address; City; State; Zip Code 1160 Smith Houston, TX 77002	Amount (\$)  \$149.68
Purpose of payment (See instructions regarding type of information required.) Officeholder: Staff Appreciation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/01/2005	Payee name Rapid Delivery  Payee address; City; State; Zip Code PO Box 79673 Houston, TX 77279	Amount (\$)  \$9.92
Purpose of payment (See instructions regarding type of information required.) Administrative: Couriers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/01/2005	Payee name Rapid Delivery  Payee address; City; State; Zip Code PO Box 79673 Houston, TX 77279	Amount (\$)  \$3.31
Purpose of payment (See instructions regarding type of information required.) Administrative: Couriers		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/5 Report: 10/14
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004
4 Date  11/09/2005	5 Payee name Southwest Precision Printers  6 Payee address; City; State; Zip Code 1055 Conrad Sauer Houston, TX 77043	7 Amount (\$)  \$4,162.71
8 Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/02/2005	Payee name Tribe Design  Payee address; City; State; Zip Code 5555 Morningside Dr Ste 202 Houston, TX 77005	Amount (\$)  \$1,082.50
Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  11/01/2005	Payee name US Postmaster Houston, TX 77002  Payee address; City; State; Zip Code	Amount (\$)  \$3,661.75
Purpose of payment (See instructions regarding type of information required.) Direct Mail:Voter Contact		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:
Date  12/12/2005	Payee name US Postmaster Houston, TX 77002  Payee address; City; State; Zip Code	Amount (\$)  \$130.56
Purpose of payment (See instructions regarding type of information required.) Officeholder:Office Supplies		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name:  Office sought: Office held:

**POLITICAL EXPENDITURES****SCHEDULE F**The **INSTRUCTION GUIDE** explains how to complete this form.**1** PAGE #  
Schedule: 5/5 Report: 11/14**2** FILER NAME Lawrence, Antoinette B (Hon.)**3** ACCOUNT # (Ethics Commission filers)  
00000004**4** Date

11/08/2005

**5** Payee name  
Yarborough, Sunny**6** Payee address; City; State; Zip Code  
3615 Elmcrest Dr.  
Houston, TX 77088**7** Amount  
(\$)

\$100.00

**8** Purpose of payment (See instructions regarding type of  
information required.)  
Contract Labor**9** \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name:Office sought:  
Office held:

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/3 Report: 12/14
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004
4 Date  11/07/2005	5 Payee name Ampco Parking  6 Payee address; City; State; Zip Code [REDACTED] Houston, TX 77002  7 Purpose of expenditure Officeholder: Parking	8 Amount (\$)  \$5.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  12/06/2005	Payee name Foley's  Payee address; City; State; Zip Code [REDACTED] Houston, TX 77002  Purpose of expenditure Officeholder: Staff Appreciation	Amount (\$)  \$81.03  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  11/07/2005	Payee name Golden Hunan Restaurant  Payee address; City; State; Zip Code [REDACTED] Houston, TX 77007  Purpose of expenditure Public Relations: Meals	Amount (\$)  \$42.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  12/16/2005	Payee name Greater Houston Convention & Visitors Bureau  Payee address; City; State; Zip Code [REDACTED] Houston, TX 77001  Purpose of expenditure Public Relations: Sponsorship	Amount (\$)  \$45.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  11/30/2005	Payee name Houston Hispanic Chamber of Commerce  Payee address; City; State; Zip Code [REDACTED] Houston, TX 77087  Purpose of expenditure Public Relations: Sponsorship	Amount (\$)  \$100.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 2/3 Report: 13/14

2 FILER NAME Lawrence, Antoinette B (Hon.)

3 ACCOUNT #  
00000004

(Ethics Commission filers)

4 Date 11/01/2005	5 Payee name Houston Livestock Show and Rodeo 6 Payee address; City; State; Zip Code [REDACTED] Houston, TX 77225-0070 7 Purpose of expenditure Public Relations:Sponsorship	8 Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/26/2005	Payee name Kirklands Payee address; City; State; Zip Code [REDACTED] Houston, TX 77024 Purpose of expenditure Officeholder:Office Supplies	Amount (\$) \$16.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 12/27/2005	Payee name Kroger Payee address; City; State; Zip Code [REDACTED] Houston, TX 77080 Purpose of expenditure Officeholder:Staff Appreciation	Amount (\$) \$85.20 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/01/2005	Payee name Office Depot Payee address; City; State; Zip Code [REDACTED] Houston, TX 77092 Purpose of expenditure Officeholder:Office Supplies	Amount (\$) \$9.73 <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date 11/01/2005	Payee name Office Depot Payee address; City; State; Zip Code [REDACTED] Houston, TX 77092 Purpose of expenditure Officeholder:Office Supplies	Amount (\$) \$16.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/3 Report: 14/14
2 FILER NAME Lawrence, Antoinette B (Hon.)		3 ACCOUNT # (Ethics Commission filers) 00000004
4 Date  12/26/2005	5 Payee name Office Depot ..... 6 Payee address; City; State; Zip Code [REDACTED] Houston, TX 77092 ..... 7 Purpose of expenditure Officeholder:Office Supplies	8 Amount (\$)  \$43.24  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  11/30/2005	Payee name US Postmaster Houston, TX 77002..... Payee address; City; State; Zip Code  ..... Purpose of expenditure Officeholder:Office Supplies	Amount (\$)  \$111.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date  12/13/2005	Payee name US Postmaster Houston, TX 77002..... Payee address; City; State; Zip Code  ..... Purpose of expenditure Officeholder:Office Supplies	Amount (\$)  \$69.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended